

**REQUEST FOR VARIANCE FROM
Seattle King County Department of Public Health
KING COUNTY FOOD CODE**

THE FEE FOR VARIANCE REVIEW IS \$154.00

DATE _____

NAME OF ESTABLISHMENT _____ TYPE _____

ADDRESS _____ CITY _____ ZIP _____

PERSON TO CONTACT _____ DAYTIME PHONE _____

I request a variance from the following requirement(s): _____

I am unable to comply because: _____

I will make the necessary correction to bring my establishment to code by _____
(schedule for work completion attached) (Date)

AND/OR

I will do the following to protect public health: _____

OWNER (Print Name)

DATE

OWNER SIGNATURE

Do Not Write Below This Line

SERVICE REQUEST # _____ FACILITY # _____

VARIANCE ACCEPTED _____ Program Manager Concur
Signature of EHS Supervisor Date

CONDITIONS _____

VARIANCE DENIED _____ Program Manager Concur
Signature of EHS Supervisor Date

Comments/Reasons: _____

*If you disagree with this decision, you may appeal in writing to the
Manager of the Food and Facilities Section*

DISTRICT HEALTH CENTERS

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007

DOWNTOWN
401-5th Ave, 11th Floor
Seattle, WA 98104

(206) 296-4932 - Fax (206) 296-4919

(206) 296-4632 - Fax (206) 296-0188